

**Weakley County Local Education
Health Insurance Rates
Effective January 1, 2018**

BLUE CROSS BLUE SHIELD OR CIGNA LOCAL PLUS				
Plan	Plan Type	Total Premium	County Share	Employee Share
Premier PPO				
	Employee Only	\$612.00	\$489.60	\$122.40
	Employee + Children	\$1,009.00	\$688.10	\$320.90
	Employee + Spouse	\$1,193.00	\$780.10	\$412.90
	Family	\$1,590.00	\$978.60	\$611.40
Standard PPO				
	Employee Only	\$573.00	\$458.40	\$114.60
	Employee + Children	\$945.00	\$644.40	\$300.60
	Employee + Spouse	\$1,118.00	\$730.90	\$387.10
	Family	\$1,489.00	\$916.40	\$572.60
Limited PPO				
	Employee Only	\$524.00	\$419.20	\$104.80
	Employee + Children	\$863.00	\$588.70	\$274.30
	Employee + Spouse	\$1,021.00	\$667.70	\$353.30
	Family	\$1,361.00	\$837.70	\$523.30
Local CDHP/HSA				
	Employee Only	\$445.00	\$356.00	\$89.00
	Employee + Children	\$733.00	\$500.00	\$233.00
	Employee + Spouse	\$867.00	\$567.00	\$300.00
	Family	\$1,155.00	\$711.00	\$444.00
CIGNA OPEN ACCESS				
Plan	Plan Type	Total Premium	County Share	Employee Share
Premier PPO				
	Employee Only	\$652.00	\$521.60	\$130.40
	Employee + Children	\$1,049.00	\$720.10	\$328.90
	Employee + Spouse	\$1,273.00	\$832.10	\$440.90
	Family	\$1,670.00	\$1,030.60	\$639.40
Standard PPO				
	Employee Only	\$613.00	\$490.40	\$122.60
	Employee + Children	\$985.00	\$676.40	\$308.60
	Employee + Spouse	\$1,198.00	\$782.90	\$415.10
	Family	\$1,569.00	\$968.40	\$600.60
Limited PPO				
	Employee Only	\$564.00	\$451.20	\$112.80
	Employee + Children	\$903.00	\$620.70	\$282.30
	Employee + Spouse	\$1,101.00	\$719.70	\$381.30
	Family	\$1,441.00	\$889.70	\$551.30
Local CDHP/HSA				
	Employee Only	\$485.00	\$388.00	\$97.00
	Employee + Children	\$773.00	\$532.00	\$241.00
	Employee + Spouse	\$947.00	\$619.00	\$328.00
	Family	\$1,235.00	\$763.00	\$472.00
HEALTH SAVINGS ACCOUNT COUNTY CONTRIBUTION				
	Employee Only	\$500 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		
	Employee + Children	\$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		
	Employee + Spouse	\$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		
	Family	\$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		